

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**



OMB APPROVAL

OMB Number: Expires:

3235-0076



UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
InfoTek Wireless, Inc. Series B Financing - \$1,000,000	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE .
A. BASIC IDENTIFICATION DATA	
. Enter the information requested about the issuer	·
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  InfoTek Wireless, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 333 Hegenberger Road, Ste. 388, Oakland, CA 94621	Telephone Number (Including Area Code) (510) 383-9990
Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Wired and wireless data collection, analysis and storage.	
Type of Business Organization	PROCESSED
business trust   limited partnership, to be formed	JAN <b>3 1</b> 2007
Actual or Estimated Date of Incorporation or Organization: 12 0 2 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
W. W. Cit. A. Sirver and Cit. Land Later than 15 days of a first of a consistence in the official	A untion in deemed filed with the U.S. Sequeities

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### – ATTENTION –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	equested for the fol	llowing:	,		
• Each promoter of	the issuer, if the iss	suer has been organized w	ithin the past five years;		
Each beneficial ow	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive of:	icer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
Each general and i	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, Andrew Edward Mohebi	f individual)				
Business or Residence Addre 333 Hegenberger Road,			ode)		,
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Siavash Poursartip	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
333 Hegenberger Road,	Ste. 388, Oaklan	d, CA 94621			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Sara Shirazi	if individual)				
Business or Residence Address 333 Hegenberger Road,			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
James Skinner					
Business or Residence Addre 333 Hegenberger Road,		Street, City, State, Zip Cond. CA 94621	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Don Fowler	if individual)				
Business or Residence Addre 333 Hegenberger Road,			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Laurie A. Miller	if individual)				
Business or Residence Addre 319 Ramona Street, Pal			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
· · · · · · · · · · · · · · · · · · ·	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	

	•				B. II	NFORMAT	ION ABOU	T OFFERI	NG				-
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No I <del>za</del> l	
1	Answer also in Appendix, Column 2, if filing under ULOE.										L	<b>K</b>	
2.	· · · · · · · · · · · · · · · · · · ·											<sub>\$</sub> 25,	00.00
											Yes	No	
3. i	Does the offering permit joint ownership of a single unit?									X			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)													
Full	Name (	Last name	first, if ind	ividual)									
Busin	ness or	Residence	Address (N	lumber and	d Street, C	ity. State, Z	(ip Code)						
	_												
Name	e of Ass	sociated B	roker or De	aler									
State	s in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(	(Check	"All State	s" or check	individual	States)				•••••	.,,		□ Al	l States
ſ	AL	AK	AZ	AR	CA	CO	CT	(DE)	DC	FL	GA	HI	[ID]
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
[	RI	SC	SD	TN	TX	ŪT]	VT	VA	WA	WV	WI	WY	PR
Full	Name (	Last name	first, if ind	ividual)									
Busi	ness or	Residence	Address (1	Number an	d Street, C	lity, State,	Zip Code)	· ·					
Nom	o of Ass	anintad D	roker or De	alar	_								
Name	e ot As:	SOCIAICO D	loker of De	aici									
			Listed Ha						<u> </u>				
(	(Check	"All State:	s" or check	individual	States)					****		· 🗌 Al	l States
[	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
[	1 <u>L</u>	[IN]	IA	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE NE	NV	NH	NJ	NM)	NY	NC NC	ND	OH)	OK.	OR	PA
	RJ	SC	SD	ĨΝ	TX]	<u>[UT]</u>	VT	VA]	WA	<u>w</u> v	WI	WY)	PR
Full :	Name (	Last name	first, if ind	ividual)									
Busi	ness or	Residence	Address (l	Number an	d Street, C	lity, State,	Zip Code)						
Name	e of As:	sociated B	roker or De	aler					<del></del>				
Cana	W/L	ish Dansa	. Listed Ha	a Calinitad	1	ta Caliait	Dunahasana						
			n Listed Ha s" or check									□ AI	l States
					CA		(CT)	DE				HI	[ID]
	AL IL	AK]	[AZ]	[AR] [KS]	KY	[CO]	ME	MD	DC MA	FL MI	GA MN	MS	MO
_	MT	NE]	NV	NH	<u>[N]</u>	NM	NY	NC]	ND	ОН	<u>ŌK</u>	OR	PA
[	RI	SC	SD	[TN]	TX	UT	[VT]	VA	WA	ŴV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec		
	this box and indicate in the columns below the amounts of the securities offered for exchange an		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$_0.00	\$_0.00
	Equity	\$ 1,000,000.00	§ 250,000.41
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	. <b>S</b>	S
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	. <u> </u>	
,	Enter the number of accredited and non-accredited investors who have purchased securities in this	e	
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	e	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	· <u>1</u>	\$_250,000.41
	Non-accredited Investors	. <u>0</u>	\$_0.00
	Total (for filings under Rule 504 only)	•	. \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	es e	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
			<u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	r.	
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs		\$_0.00
	Legal Fees		
	Accounting Fees		\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		] \$
	Total		\$_5,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	KOCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$995,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ 250,000.00	\$ 350,000.00
	Purchase of real estate	\$_0.00	<u> </u>
	Purchase, rental or leasing and installation of machinery and equipment		\$0.00
	Construction or leasing of plant buildings and facilities	\$_0.00	\$ 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$_0.00
	Repayment of indebtedness		\$ 0.00
	Working capital		<b>☑</b> \$_395,000.00
	Other (specify):	\$_0.00	<u> </u>
	Column Totals	\$ 250,000.00	<b>5</b> 745,000.00
	Total Payments Listed (column totals added)	<b>∠</b> \$_99	5,000.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commistinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	le 505, the following n request of its staff,
lss	uer (Print or Type) Signature ~	Date /	/
Inf	foTek Wireless, Inc.	- 1/ 19/	07
Na	me of Signer (Print or Type)  Title of Signer (Print or Type)		
Lau	rie A. Miller Attorney; Vice President		

# \_\_\_\_ATTENTION \_\_\_\_\_

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>⋉</b>
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date	
InfoTek Wireless, Inc.	X ayri (g) Mila 1/19/67	
Name (Print or Type)	Title (Print or Type)	
Laurie A. Miller	Attorney; Vice President	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### **APPENDIX** 3 5 1 2 Disqualification Type of security and aggregate under State ULOE (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of amount purchased in State (Part C-Item 2) offered in state waiver granted) investors in State (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors No Investors Amount Amount State Yes ΑL ΑK ΑZ AR CA CO CT DΕ DC FL $\mathsf{G}\mathsf{A}$ HI ID IL IN IA KS KY LA ME MD ΜA ΜI MN MS

#### **APPENDIX** Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SCSDTN TXUT VT VA WAPreferred B 1 \$250,000.4 X X \$250,000,41 wv WI

	APPENDIX										
1		2	3		4						
					Type of investor and amount purchased in State (Part C-Item 2)			(if yes, explan waiver	ate ULOE   , attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											